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**CALIFORNIA
DEPARTMENT
OF
EDUCATION**

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To: District CELDT Coordinators

From: Phil Spears, Director
Standards and Assessment Division

SUBJECT: CELDT SCORE REQUEST FORM

State law (Education Code Sec. 60810) and federal law (Title 3, Subpart 2, Section 3121(d) (1)) require the evaluation of the progress of children in attaining English proficiency "...including a child's level of comprehension, speaking, listening, reading, and writing skills in English."

Districts therefore, are required to provide CELDT individual student scale scores from the previous CELDT administration for each student's overall proficiency level and for each skill area (listening/speaking, reading, and writing).

In order to help ease the burden of this requirement, CDE has developed a sample Request Form that schools and districts may use to request students' CELDT scale scores from their previous school. The Request form is divided into three sections:

- Receiving School's Information,
- Student Information, and
- CELDT Score.

The receiving school or district should complete the first two sections and send the form to the school site CELDT Coordinator of the student's previous school. The previous school must complete the third section of the form and fax or mail the form back to the receiving school in a timely manner. It is important to remember that the receiving school is required to have CELDT test results on file within 30 calendar days or administer the CELDT.

If you need assistance or have further questions, contact the Standards and Assessment Division at (916) 657-3011 (telephone), (916) 657-4964 (fax), or celdt@cde.ca.gov (e-mail).

Request Form

California English Language Development Test (CELDT) Score

To: School Site CELDT Coordinator

Directions: California Department of Education requires schools to provide student CELDT results to schools receiving EL students. Please complete the CELDT Score section of this form and return it to the receiving school immediately.

Receiving School's Information

Today's Date _____

Requester's Name _____

District _____

Phone _____

Fax _____

Email _____

Mailing Address _____

City _____

Zip Code _____

Student Information

Last Name _____

First _____

Middle _____

Other Name Used (Last, First, Middle) _____

Birth Date (mm/dd/yy) _____

Current Grade _____

Current Enrolling School District _____

Current Enrolling School Site _____

Previous Enrolled School District _____

Previous Enrolled School Site _____

CELDT Score

Has student taken the CELDT? ____No ____ Yes

If reclassified, provide date: _____ (If reclassified, please send documentation)

Complete the following for the student's most recent CELDT administration.

	<u>Scale Score</u>	<u>Level</u>	Date Testing Completed _____
Listening/Speaking	_____	_____	
Reading	_____	_____	
Writing	_____	_____	
Overall	_____	_____	
Comments:			

Signature (Previous Enrolled School Site)

Printed Name

Date